Office of Sponsored Projects
Institution name
Institution address
Phone number, Fax number, email address of the coordinator from the Office of Sponsored Projects

Date:

Institutional Assurance

Applicant:

Project Title:

On behalf of [institution name], please accept this letter as Institutional Assurance that the University supports [applicant name]’s application for the Victoria S. Levin Award for Early Career Success in Young Children’s Mental Health Research.

The signature below signifies [Institution Name]’s acceptance of the guidelines outlined in SRCD’s Call for Applications and as described in [applicant name]’s proposal.

AUTHORIZED OFFICIAL

[Signature]

[Printed name, title,] Office of Sponsored Projects
[Institution]